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CONFIRMATION NO. 4590

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/788,900	02/27/2004 RULE	600	3626	12771.25US01

APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****
05/18/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and	(KRISTINE K RAPILO)		<input type="checkbox"/> Met after Allowance	MN	17	63	6
Acknowledged	Examiner's Signature _____		Initials _____				

ADDRESS

Merchant & Gould P.C.
 P.O. Box 2903
 Minneapolis, MN 55402-0903
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TITLE

System for collection, manipulation, and analysis of data from remote health care devices

FILING FEE RECEIVED 966	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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